

05/30

THIS SPACE FOR OFFICE USE ONLY



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Cole	David	C.	(808) 877-3861
MAILING ADDRESS (Street)			FAX
P.O. Box 187			(808) 871-0953
(City)	(State)	(Zip Code)	
Kahului	HI	96733-6687	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Maui Land & Pineapple Company, Inc.			(808) 877-3351
MAILING ADDRESS (Street)			FAX
P.O. Box 187			(808) 871-0953
(City)	(State)	(Zip Code)	
Kahului	HI	96733-6687	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Maui Land & Pineapple Company, Inc.			(808) 877-3351
MAILING ADDRESS (Street)			FAX
P.O. Box 187			(808) 871-0953
(City)	(State)	(Zip Code)	
Kahului	HI	96733-6687	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Warren A. Suzuki			(808) 877-3882
MAILING ADDRESS (Street)			FAX
P.O. Box 187			(808) 871-4375
(City)	(State)	(Zip Code)	
Kahului	HI	96733-6687	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____
			_____

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Robert I. Webber		Chief Financial Officer Sr. Vice President/Business Develop.	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Maui Land & Pineapple Company, Inc.		(808) 877-1674	
MAILING ADDRESS (Street)		FAX	
P.O. Box 187		(808) 871-0953	
(City)	(State)	(Zip Code)	
Kahului	HI	96733-6687	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
(Signature of Authorizing Officer or Person Represented)		(Date)	
Robert I. Webber		1/25/07	